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ABSTRACT

New trends in campus health care delivery were discussed at a workshop in Chicago sponsored by the Society for College and University Planning on January 30-31, 1975. Consideration was given to the repercussions of strong consumer demands for broader and more accessible health services, the emergence of health maintenance organizations, and concerns for improved campus/community relations. Focus in this article taken from that workshop is on the organizational and personnel considerations involved in establishing a comprehensive health care service. Specific mention is made of institutional goals, utilization of facilities, service and student expectations, mental health care, the need for gynecological services (including contraception and treatment of infectious disorders), and the overall advancement of personal growth and development of the student through preventive and therapeutic care. (Author/LBH)

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Planning Campus Health Care Services I

In a context of forecasts of major changes for America's entire health care system, colleges and universities are exploring the implications of new trends in campus health care delivery. On January 30-31, 1975, the Society for College and University Planning sponsored a workshop on "Campus Health Care Services" at the Bismarck Hotel in Chicago, to discuss such issues as the repercussions of strong consumer demands for broader and more accessible health services, the emergence of health maintenance organizations, and concerns for improved campus/community relations. The two reports in this issue of **Planning for Higher Education** are taken from that workshop. In this first article, Sprague W. Hazard, MD, director of University Health Services, Brandeis University, focuses primarily on the organizational and personnel considerations involved in establishing a comprehensive health care service.

At the present time, the majority of colleges and universities have some form of health care arrangement, ranging from the single full or part-time nurse to comprehensive integrated health programs in the larger public and private institutions. The more elaborate caring arrangements provide not only a broad spectrum of services to students, undergraduate and graduate but also to their dependents. In addition, comprehensive services are made available to faculty, administrative people and employees to include their dependents as well. Several of the large, well-established universities such as Yale, Harvard and the Massachusetts Institute of Technology have striking health maintenance programs meeting many of the requirements of the current controversial HMO concepts. However, there are serious gaps in the current programs now available, and many of the more recently-established two-year community and junior colleges have made no provision for health care.

Health Care and Institutional Goals

The many facets of a health service cannot be an isolated adjunctive arrangement attached to the institution but must be seen as an intimate part of the college or university and its basic mission.

Too often in the past, and continuing to the present time, the health service has been seen as an aberrant structure, attached to the institution as one of several services that 'go with the package' but separate from the academic and instructional program. However, with the rapid and complex changes which have taken place in higher education in recent years, health programs face extraordinary opportunities and responsibilities. Comprehensive health programs, with their unique capacity to favorably influence the growth and development of students and their ability to function and to learn, must move into the mainstream of the educational process. Indeed, good health care, including concern for both the individual and his or her community environment, is primarily an educational process.

The goals of a comprehensive health program in the college community were identified in summary form at the time of the Fifth National Conference on Health in College Communities held in 1970:[1]

- To promote and maintain those conditions which will permit and encourage each individual to realize optimal physical, emotional, intellectual and social well-being;
- To anticipate and control those factors in the community and its environment which may compromise this well being;
- To guide the individual in the acceptance of health as a positive value in life;
- To stimulate the capacity of the individual to make healthful adaptations to the environment.

Health services should emphasize prevention and early intervention in illness, whether physical or emotional in origin. Maintaining the student at his or her best potential is the first goal. The presence of health disabilities, including the emotional, does not foster the best in academic accomplishment or in personal growth and development.

College health services represent one of the very few continuing health care opportunities for young people in

this country. Of all the groups disenfranchised from health services, adolescents and young adults occupy center stage. Outside the college health field, planned continuing care arrangements are not available to any significant extent for this age group—at one of the most critical phases of their lives. The concept of health maintenance through programs of prevention, early illness intervention and concerned continuing care represents the model of the future.

Program Development and the Environment

A basic premise should be identified from the start—it best contributes to educational purposes and costs less in the long run to have a quality comprehensive health program rather than an episodic-oriented, 'band-aid' type of program or the 'sick call' or dehumanizing 'city hospital model' of care.

The size of the institution and type of students attending are major factors in developing a health program. For instance, graduate students, often with added concerns about dependents, present a different range of health issues from undergraduates, especially in contrast to the younger student population characteristically found in the junior and community college programs.

A second premise with regard to program development is that all students, regardless of the size and educational thrust of the institution which they are attending, require the same range of caring opportunities. It is apparent, however, that health care programs with any depth or breadth require a significant number of clients to make the venture practical. More recently the "haves" are beginning to join with the "have nots," in that consortia of institutions have linked together in a single comprehensive program extending the same quality and range of care to all institutions involved. In this way costly duplication of services is avoided, as well. Furthermore, with the availability of a significant student-pool, in terms of numbers, service programs can be developed which none could manage effectively on their own.

This observation naturally leads to a consideration of the relationship of the educational venture with other caring institutions. Recently there has been an encouraging trend of health services of colleges and universities to take advantage of services in adjacent institutions, rather than duplicating the same in order to be an entirely autonomous unit. (Such program development obviously is a challenge most for the isolated rural institution.) Services which are available in an adjacent facility, or at least within a convenient distance for very busy student-patients, should be utilized. Such facilities could include a medical school and its teaching hospital located on or near the campus, a well established broad-based community clinic or a community hospital. It makes little sense for a college health program to invest in the problems and frustrations associated with maintaining effective clinical laboratories and x-ray services when these are located in nearby community hospitals.

Over the past decade a profusion of junior or community colleges have emerged. Their academic programs are usually two years in length and they are generally public. Unfortunately, provision for health care is usually meagre, if it exists at all. These colleges are usually on very strict budgets with pressing demands for instructional services. Both in their planning and subsequent administration, health care often is not felt to be important or a responsibility, for that matter. "They will have to get along as best they can" or "Send them home to their own doctor" are not infrequent administrative dispositions of the problems of ill or otherwise incapacitated students. In reality, many of these students have no "medical homes." The family often has no family physician or regular caring arrangement used for health maintenance or for intervention in case of illness. Often the student is no longer a member of the nuclear family. The overwhelming majority of youth and young adults in this country have no on-going health care arrangement available to them. (It is only fair to note, however, that a number of community and junior colleges have dealt well with their responsibilities in regard to the health care of their students. Some remarkable innovative and effective programs have often been developed on a very limited financial basis.)

Utilization of Facilities

The extent of use of the college health service is a measure of the care which has been used in planning services, how genuinely students have participated in the development and maintenance of the program, the quality of the care and the spirit in which it is provided. Professional expertise certainly is of importance—but credentials alone will not suffice. An element of humanism is indispensable. So often, it is absent in our present health care institutions or is not given as much concern as efficiency, computers, administrative gimmicks, professional guild concerns and technical language which is totally foreign to suffering patients. Some aspects are especially meaningful to student-patients, indeed all young people, including tolerance, sensitivity, non-judgemental thinking and acceptance of unusual life-styles. These must be a part of the active armamentarium of the professional. Simple issues like good manners, a willingness to stand as a model for young people to emulate and at the same time to take a position without personalizing are essential requirements.

Klotz neatly summarizes the issue of utilization as follows: "The utilization of a college student health program is a direct function of the image that program potrays to students." She estimates that for a health

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service to be doing a good job, at least 1% of the student population in a given college or university should be using the health service every day for one reason or other.[2] The Uniform Reporting Program being developed by the Committee on Management Systems Development of the American College Health Association estimates that students will make use of an acceptable health service from three to seven times a year; one institution reports nine visits per year. The mean for the data accumulated to date is four and one-half visits per year. At my university, Brandeis, utilization runs about five visits per student per year.

Service and Student Expectations

The ambulatory care center is the keystone of the college health service: this is where the action is. For better or worse, the reputation of the health services is made where the student most frequently enters the health care arrangement (At times, the entry point will be the in-patient care facility or the mental health service). Despite careful planning, supervision and attention to the details of interpersonal relationships between care-givers and student-patients, collisions inevitably take place. Expectations of students often are at variance with the expectations of professionals or the capacity of the caring arrangement. Anxiety and anger can result. The financial resources and family traditions of some students have accustomed them to medical services almost on behest. Other students have had no such opportunities. Some come in to test the response of the system. Many come with trifling issues from the purely medical viewpoint. Those with seemingly minor medical problems may be sorely distressed over matters which they cannot immediately express.

My own entry into college health work stemmed from an expanding interest in the psychological health of children and their families—an interest which had developed over a sixteen-year period in the practice of pediatrics. College health seemed to be a natural opportunity for furthering skills and sharing with young people—and so it has been.

Mental Health Care

The mental health service of a college community can help develop effective, comfortably functioning adult men and women. The program objectives of the mental health service should include:

- prevention and early treatment of emotional disability;
- promotion of personal and educational growth;
- effective referral and follow-up service;
- promotion of community mental health;
- staff education for all members of the health services—not just those staff directly involved in mental health.

The essential ingredient in prevention is availability. A student whose difficulty may range from an acute transitory developmental crisis to more serious emotional decomposition, including significant suicide potential, has the best chance for avoidance of serious or permanent consequences if a well-qualified concerned professional is readily available. Availability, however, involves more than the training and expertise of the mental health professional. Equally important is the quality of response of the receptionist, recognition and provision of immediate care by the nurse and the primary physician, then followed by a sensitive referral to the mental health professional. Obviously, the crux of availability is having someone to turn to when the problem is foremost in the student's mind. At this point rules, schedules and quota will 'turn off' the frightened, the lonesome and the unhappy—at the very moment when treatment has its best chance.

Farnsworth's estimates of a statistical incidence of mental health issues in the student population provides a realistic basis to plan for a health program.[3] For every 10,000 students:

- 1,000 will have emotional conflicts of sufficient severity to warrant professional help;
- 300 to 400 will have feelings of depression severe enough to impair their efficiency;
- 100 to 200 will become apathetic and unable to organize their efforts;
- 2 to 5 will be so adversely affected by past family experiences that they will be unable to control their impulses and evidence character disorders;
- 5 to 20 will attempt suicide, and 1 to 3 will succeed;
- 15 to 25 will become ill enough to require treatment in a mental hospital.

The thought of a successful suicide alarms educators and health providers equally. This tragedy is the most common cause of death in young people after accidents. The emergency, sometimes signalled by the unqualified suicide threat, speaks for itself: the chance to help may not occur a second time. A prompt emergency response is an essential ingredient of adequate mental health care. Often the first helping person will be a non-professional. Well-prepared security officers enjoy the respect and appreciation of health professionals. These presumably tough people can be gentle, compassionate and protective of the frightened, panic-laden acute hysteric. Fellow students and residence hall counsellors are frequently invaluable as the initial care-giver, as well as participants in the subsequent therapeutic situation. Educational programs can increase the chances that these people will successfully handle a stressful situation.

The ready admission to the in-patient care facility of the health service of the exhausted, worried and withdrawn student can be the difference between dropping out of college and an early return to studies. A student distressed in mind and spirit can make little or no use of higher education.

Brandeis University has had an open-door policy at its mental health center. The overwhelming majority of students who use the service are either self-referred or

are referred by fellow students. A few are referred by health services personnel and very few by faculty and administrative persons. In 1966-1967, 16% of the students used the service; in 1973, 11% (compared to a 9-11% national average); 25% use the service at some point during their four years. Of these, 50% required five visits or less; 90% required 16 visits or less; and 10% of students required over 16 visits.

Developmental crises of emotional origin are commonplace in young people. The frequent expression of depersonalization in the educational process by students and other observers strongly indicates the need for counselling and menal health care. In a college community, health services personnel have among the closest and most prolonged personal contact with large numbers of students. This is a major 'raison d'etre' for mental health services.

Student Health Care and Women

The emergence of primary gynecological services designed to meet the health needs of young women college students has been a major development of the past three to five years. Such services with opportunities for continuity of care and appropriate referral are an important part of the comprehensive health programs. Primary gynecological service includes the basic preventive, curative, referral and educational components of primary care. Such terms as the contraceptive clinic, the family planning clinic, or even the GYN clinic, tend to have a "filling station" implication, rather than that of a learning experience so necessary in this area of health. As in all health care, every interaction between professional and patient should be viewed as a unique opportunity for education. In the area of gynecological health, education can cover sexuality, sexual dysfunction, benign and acute infectious disorders, venereal disease, conception control, physiology of the genital and reproductive tract, financial responsibility for health care, and patient responsibility in applying for and accepting care.

An assessment of gynecological health is provided only in the context of the over-all health of the student. Attention to this area of growth and development in the young woman patient can help her to incorporate the importance of a well-understood and appropriately used sexual life into the total experience of living. Any opportunity to include the male partner in such considerations should be sought and utilized. Finally, an empathic approach can provide a pertinent basis for the student's entry into the entire health care arrangement.

Prevention of pregnancy, a leading service of the primary gynecological clinic, must include individualized consideration by physician, nurse-clinician or counselor. Additional services include the diagnosis and treatment of a variety of infectious disorders. Careful referral and follow-up is both essential and appreciated. Through individualized attention, the personal growth of students and the development of caring professionals may be a continuing process.

Health Care and Educational Opportunity

The advancement of personal growth and development of the student through preventive and therapeutic care is a major goal of the health services. There continue to be institutional problems, particularly with regard to sources of support and then the allotment of resources, as well as difficulties in adjusting programs to the special personal and interpersonal needs of student-patients. But to help maintain students in good physical and emotional health is to contribute to the maximum utilization of our institutions of higher education.

Each health program is unique to its institutional home. Each college or university has its own special stamp or characteristics which inevitably influence the programs developed for the health requirements of the student body. The major determinant is the commitment of the institution to the importance of health and to the health program as an integral part of the educational process. The leadership provided in the health service itself has a major responsibility not only in developing the quality of service but also in persuading the college or university of its relevance to the total educational endeavor.

—Sprague W. Hazard

[1] *Program and Development* Prepared for Fifth National Conference on Health in College Communities, Boston, April 14-17, 1970. Chap. II, P. 19.

[2] Klotz, A.L. *A New Model—College Student Health Services* Prepared for the National Conference on Youth health and Social Systems, Breckenridge, Colorado, October 29—November 1, 1973.

[3] Farnsworth, Dana L. *Psychiatry, Education and the Young Adult* P. 6, Charles J. Thomas, Springfield, Illinois, 1968.